



SEIZURE, FAINTING & BLACKOUT LOG

VETERAN INFORMATION AND BASELINE

Veteran Advocacy Group LLC | VA Accredited Claims Agent

Accreditation #60676 | POA Code KW9 | 272-257-1349 | claims@veteran-advocacy.com | www.veteran-advocacy-group.com

VETERAN INFORMATION

Veteran name	VA file number (last 4 only)	Log start date
Primary phone	Email	Representative / provider

CONDITION BASELINE

Diagnosis, if known	Neurology / treating provider	Driving / safety restrictions
Date symptoms began	Typical frequency	Typical severity (0-10)

CURRENT TREATMENT

Medication	Dose / schedule	Missed doses	Side effects

HOW TO USE THIS LOG

Record symptoms as soon as practical. Include frequency, severity, duration, treatment, and what the condition prevented or made difficult. Describe effects on employment, relationships, sleep, mobility, self-care, driving, and household activities. Record only events and limitations actually experienced. Keep related medical and employment records. Call 911 for a first seizure, an event lasting 5 minutes or more, repeated events without recovery, serious injury, or breathing problems.



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SEVEN-DAY SYMPTOM AND FUNCTIONAL-IMPACT SUMMARY

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Veteran name

Week beginning

Week ending

DAILY SUMMARY

Date / time	Event type	Duration	Witness	Recovery time	Injury / care	Daily impact

WEEKLY FUNCTIONAL IMPACT

Total episodes / symptom days

Severe symptom days

Care or treatment contacts

Work hours lost

Appointments / activities missed

Help needed from another person

Weekly notes, patterns, triggers, or changes:



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DETAILED SYMPTOM OR EPISODE RECORD

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Veteran name

Date

Condition / affected area

SYMPTOM OR EPISODE DETAILS

☐ Warning / aura ☐ Loss of awareness ☐ Convulsion ☐ Staring / unresponsive ☐ Fall
☐ Incontinence ☐ Confusion ☐ Sleep afterward

Event start / duration

Activity immediately before event

Witnessed signs and behavior

Awareness / memory loss

Recovery time and after-effects

TREATMENT, RESPONSE & WITNESSES

Injury / emergency treatment

Work, driving, or supervision impact

Medication / treatment used

Relief: none / partial / complete

Time until recovery

FUNCTIONAL IMPACT

☐ Continued normally ☐ Reduced activity ☐ Stopped activity ☐ Needed rest
☐ Needed assistance ☐ Missed work ☐ Left early ☐ Missed appointment

Work or activity time lost

Person who observed / assisted

Provider contacted

Describe exactly what the symptoms prevented, interrupted, or required help completing:
